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SERIAL NUMBER 10/700,353	FILING OR 371(c) DATE 11/03/2003 RULE	CLASS 705	GROUP ART UNIT 3609 4127	ATTORNEY DOCKET NO. G08.064
APPLICANTS Karen M. Daidone, Cos Cob, CT; James S. Slusarz, Brooklyn, NY; ** CONTINUING DATA ***** This appln claims benefit of 60/422,942 11/01/2002. <i>yes AL</i> ** FOREIGN APPLICATIONS ***** <i>none AL</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/12/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>AL</i> Examiner's Signature Initials		STATE OR COUNTRY CT	SHEETS DRAWING 5	TOTAL CLAIMS 10
			INDEPENDENT CLAIMS 2	
ADDRESS Kurt M. Maschoff BUCKLEY, MASCHOFF, TALWALKAR & ALLISON LLC Five Elm Street New Canaan, CT06840				
TITLE System and method for identifying billing errors				
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	